Survivorship Care Plans and Treatment Summaries in Adult Patients With Hematologic Cancer: An Integrative Literature Review

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Survivorship, as defined by the National Coalition for Cancer Survivorship (2014), is the experience of living with, through, and beyond a diagnosis of cancer, including the impact on family, friends, and caregivers. Survivorship care is recognized as a priority in the cancer care continuum and has largely been driven by the Institute of Medicine (IOM) report From Cancer Patient to Cancer Survivor: Lost in Transition (Hewitt, Greenfield, & Stovall, 2005). A key recommendation of this report was the provision of a survivorship care plan (SCP) and treatment summary (TS) for all survivors (Palmer et al., 2014). Following the release of the report, many countries around the world developed and initiated national cancer initiatives (McCabe, Faithfull, Makin, & Wengstrom, 2013). Survivorship care should include the following components (Grant & Economou, 2008; Landier, 2009; Rechis, Arvey, & Beckjord, 2013).

- Coordination of care among providers to communicate overall health needs
- Monitoring, information about, and promotion of healthy living behaviors and disease prevention (e.g., guidelines for diet and exercise, alcohol consumption, tobacco cessation, sun protection, and healthy weight management)
- Prevention, screening, and intervention for recurrence, as well as long-term and late effects; early detection of new cancers or second malignancies by adherence to recommended surveillance guidelines (e.g., colonoscopies, mammograms, Papanicolaou tests, skin checks); and awareness of comorbidities
- Psychosocial well-being assessment, support, management, and information provision for physical, psychological, social, and spiritual needs

Routine follow-up care focuses largely on surveillance for recurrence and the monitoring of physical side effects, neglecting supportive care, health promotion, late-effects monitoring, and surveillance for new cancers (de Leeuw & Larsson, 2013). Awareness of the suboptimal communication that occurs between healthcare professionals, including primary care providers (PCPs), and patients is increasing; important information is often not provided at treatment completion (Dicicco-Bloom & Cunningham, 2013; McCabe & Jacobs, 2012).

In addition, patients with cancer frequently experience multiple health problems earlier than the general population (Panek-Hudson, 2013). As such, a need exists for comprehensive early and ongoing approaches to management; these should take advantage of teachable moments at the end of active treatment to promote and support patient participation in maximizing recovery.